Maine Dept. of Health & Human Services SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION Div. Environmental Health, 11 SHS (207) 287-2070 FAX (207) 287-4172 PROPERTY LOCATION >> CAUTION: LPI APPROVAL REQUIRED << City, Town, or Plantation Town/City LAMOINE Street or Road 5 18 Fee \$ 266 Date Permit Issued (Double Fee Charged () PARTRIDGE COVE ROAD Subdivision, Lot# Local Plumbing Inspector Signature OWNER/APPLICANT INFORMATION Name (last, first, MI) LEAVITT Fee: \$ State min. fee Locally adopted fee Owner JIM **Applicant** Copy: Owner Town NZ State Mailing Address The Subsurface Wastewater Disposal System shall not be installed until a P.O. BOX 64 Permit is issued by the Local Plumbing Inspector. The Permit shall Owner authorize the owner or installer to install the disposal system in accordance Applicant with the application and the Maine Subsurface Wastewater Disposal Rules. Daytime Tel. # Municipal Tax Map # Lot# OWNER OR APPLICANT STATEMENT **CAUTION: INSPECTION REQUIRED** I state and acknowledge that the information submitted is correct to the best of I have inspected the installation authorized above and found it to be in compliance my knowledge and understand that any falsification is reason for the with Subsurface Wastewater Disposal Rules Application. Department and/or Local Plumbing Inspector to deny a permit. (1st Date Approved) ames Learth 6-14-18 Signature of Owner or Applicant Local Plumbing Inspector Signature Date (2nd Date Approved) PERMIT INFORMATION TYPE OF APPLICATION THIS APPLICATION REQUIRES DISPOSAL SYSTEM COMPONENT(S) 1. No Rule Variance 1. First Time System 1. Complete Non-engineered System 2. First Time System Variance ☐ 2. Replacement System 2. Primitive System (graywater & alt. toilet) a. Local Plumbing Inspector Approval Type Replaced: 3. Alternative Toilet, specify: b. State & Local Plumbing Inspector Approval 4. Non-engineered Treatment Tank (only) 3. Replacement System Variance Year Installed: 5. Holding Tank, a. Local Plumbing Inspector Approval 6. Non-engineered Disposal Field (only) 3. Expanded System b. State & Local Plumbing Inspector Approval ■ a. Minor Expansion <25%</p> 7. Separated Laundry System 4. Minimum Lot Size Variance 8. Complete Engineered System(2000 gpd or more) □ b. Major Expansion ≥ 25% 5. Seasonal Conversion Permit Experimental System 9. Engineered Treatment Tank (only) ☐ 10. Engineered Disposal Field (only) 5. Seasonal Conversion DISPOSAL SYSTEM TO SERVE ■ 11. Pre-treatment, specify: SIZE OF PROPERTY 1. Single Family Dwelling Unit, No. of Bedrooms: 3 ■ 12. Miscellaneous components sq. ft. 2. Multiple Family Dwelling , No. of Units: TYPE OF WATER SUPPLY ☐ 3. Other: (SPECIFY) acres 1. Drilled Well 2. Dug Well 3. Private 4. Public 5. Other: SHORELAND ZONING Current Use: ☐ Seasonal ☐ Year Round ☐ Undeveloped 4. Public Yes ■ No DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3) TREATMENT TANK 1. Concrete RECOMMEND DISPOSAL FIELD TYPE & SIZE 2 DESIGN FLOW gallons per day GARBAGE DISPOSAL UNIT ■ 1. Stone Bed ■ 2. Stone Trench a. Regular COMPARTMENT b. Low Profile □ 1. No □ 2. Yes □ 3. Maybe BASED ON 3. Proprietary Device 36 TYPE B43 GSF UNITS 1. Table 4A (dwelling unit(s) 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities UNITS If Yes or Maybe, specify one below: c. with lift station 2. Plastic a. Cluster Array a c. Linear a. Multi-compartment Tank O b. Tanks in Series b. Regular load d. H-20 load ☐ 3. Other: C. Increase in Tank Capacity 4. Other: CAPACITY_ 1000 SIZE 1728 1 sq. ft. 1 lin. ft. d. Filter on Tank Outlet SOIL DATA & DESIGN CLASS DISPOSAL FIELD SIZING **EFFLUENT/EJECTOR PUMP** PROFILE CONDITION 3. Section 4G (meter readings) ATTACH WATER METER DATA 1. Not Required 1. Medium -- 2.6 sq. ft./gpd D 2. May be Required LATTITUDE AND LONGITUDE at center of disposal area 1. Lat. 440 20 m 03.03 s 1. Lat. 480 181 M 05.68 4 w 1f g.p.s., state margin of error 3012 2. Medium-Large - 3.3 sq. ft./gpd 3. Required at Observation Hole # 3. Large - 4.1 sq. ft./gpd Specify only for engineered systems Depth LO 4. Extra Large – 5.0 sq. ft./gpd OF MOST LIMITING SOIL FACTOR DOSE: gallons SITE EVALUATOR STATEMENT I certify that on 6-7-18 (date) I completed a site evaluation on this property and state that the data reported are accurate and

that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

| Site Evaluator Signature | SE# Date

WILLIAM A. LaBELLE, JF

SE# (207) 537 - 5900

labelleseptic@rivah.net

Site Evaluator Name Printed

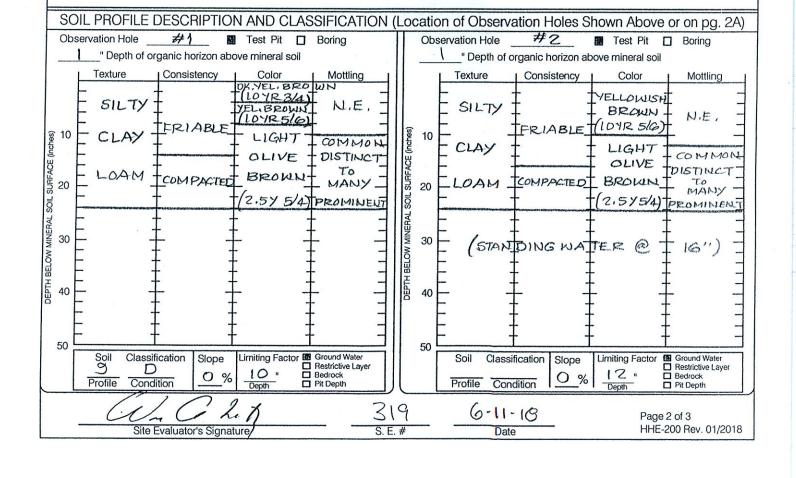
Telephone Number

E-mail Address

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION			Maine Dept. of Health & Human Services Division of Environmental Health, 11 SHS (207) 287-2070 FAX (207) 287-4172
Town, City, Plantation LAMOINE	Street, Road, Subdivision PARTRIDGE COVE	Street, Road, Subdivision PARTRIDGE COVE ROAD	
	SITE PLAN Sca	le 1" = <u>40</u> Ft.	SITE LOCATION PLAN (Attach map from Maine Atlas for First Time System Variance)
()	SEE ATTACHED SITE PLAN)		Creek Ru
			Rocal of Butingse
			Roca
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Town, City, Plantation LAMOINE

Street, Road, Subdivision PARTRIDGE COVE ROAD

Owner or Applicant Name JIM LEAVITT

SITE PLAN:

SCALE: 1" = 40 FT.



ERP, NAIL IN 10"DIA, MAPLE

MAGNETIC NORTH

PROPOSED 36 TYPE 843 GSF UNITS

2"PRESSURE-LINE, PROTECT FROM

TPI

FREEZING

AND

CRUSHING

PROPOSED 1000 GAL, SEPTIC TANK WITH LIFT STATION. (RECOMMEND TWO COMPARTMENT).

APPROX.

PROPOSED BUILDING HOUSE

950

TP2

1880

SEWER

1/2"REBAR

6-11-18

